



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

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Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

☐ Please check if this is an update to a previously filed statement for the calendar year 2007.

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

| Name   |  | Member of:   |  |  |  |
|--|--|--|--|--|--|
| Edward J. Mazurek  |  | ☐ House ☐ Senate   |  |  |  |
| Mailing address  | District   |  |  |  |  |
| 65 BEECH St.   |  | 47   |  |  |  |
| City, zip code   | Phone<br>1-207-694-5647  |  |  |  |  |
| Rockland ME 04841  |  |  |  |  |  |
| PART 1. INCOM  | E DERIVED FROM EMPLOYMENT BY ANO   | THER   |  |  |  |
| List the name and address of each emplo principal type of economic activity of each e  | yer from whom you received compensation mployer.   | of \$1,000 or more. Specify the  |  |  |  |
| Name of Employer   | Address  | Principal Type of Economic Activity of Employer  |  |  |  |
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| State of Maine   | Augusta  | State REPRESENTATIVE   |  |  |  |
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| PART 2. INC  | COME DERIVED FROM SELF-EMPLOYMEN<br>or Legislators who are self-employed.)   |  |  |  |  |
| PART 2. INC<br>(Fo<br>A. List the name and address of your bus   | COME DERIVED FROM SELF-EMPLOYMEN or Legislators who are self-employed.) siness, if any, and list the major areas of ed   | conomic activity from which you  |  |  |  |
| PART 2. INC<br>(Fo<br>A. List the name and address of your bus<br>derived income. If associated with a partne  | COME DERIVED FROM SELF-EMPLOYMEN<br>or Legislators who are self-employed.)   | conomic activity from which you  |  |  |  |
| PART 2. INC<br>(Fo<br>A. List the name and address of your bus   | COME DERIVED FROM SELF-EMPLOYMEN or Legislators who are self-employed.) siness, if any, and list the major areas of ed   | conomic activity from which you ar business entity, list the major   |  |  |  |
| PART 2. INC<br>(Fo<br>A. List the name and address of your but<br>derived income. If associated with a partner<br>areas of economic activity of that entity.   | COME DERIVED FROM SELF-EMPLOYMEN or Legislators who are self-employed.) siness, if any, and list the major areas of exership, firm, professional association, or simil                                   | conomic activity from which you  |  |  |  |
| PART 2. INC<br>(Fo<br>A. List the name and address of your bus<br>derived income. If associated with a partne  | COME DERIVED FROM SELF-EMPLOYMEN or Legislators who are self-employed.) siness, if any, and list the major areas of exership, firm, professional association, or simil                                   | conomic activity from which you ar business entity, list the major  Major Areas of Economic  Activity  (partnership, association or similar  |  |  |  |
| PART 2: INC (Fo  A. List the name and address of your bus derived income. If associated with a partner areas of economic activity of that entity.  Name and Address of Business Entity   | COME DERIVED FROM SELF-EMPLOYMEN or Legislators who are self-employed.) siness, if any, and list the major areas of ecership, firm, professional association, or simil  Major Areas of Economic Activity | conomic activity from which you ar business entity, list the major  Major Areas of Economic  Activity  |  |  |  |
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| PART 2. INC<br>(Fo<br>A. List the name and address of your but<br>derived income. If associated with a partner<br>areas of economic activity of that entity.   | COME DERIVED FROM SELF-EMPLOYMEN or Legislators who are self-employed.) siness, if any, and list the major areas of ecership, firm, professional association, or simil  Major Areas of Economic Activity | conomic activity from which you ar business entity, list the major  Major Areas of Economic  Activity  (partnership, association or similar  |  |  |  |

| PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOY  |   |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|
| (For Legislators who are self-employed.)   | <u> </u>  |  |  |  |  |  |  |  |
| B. List each source of income derived from self-employment that represents more than 10% of your is greater, and specify the principal type of economic activity of the entity or person from whom you disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the pathe entity or person from whom the income was derived.   | derived such income. If this form of  |  |  |  |  |  |  |  |
| Name and Address of Source   | Principal Type of Economic<br>Activity of Entity or Person Who<br>is the Source of the Income   |  |  |  |  |  |  |  |
| Name: Address:   |   |  |  |  |  |  |  |  |
| Name:  |   |  |  |  |  |  |  |  |
| Address:   |   |  |  |  |  |  |  |  |
| PART 3. MAJOR AREAS OF PRACTICE  (For Legislators who are attorneys-at-law only.)  |   |  |  |  |  |  |  |  |
| List your major areas of practice. If associated with a law firm, list the major areas of practice of your   | firm.   |  |  |  |  |  |  |  |
| Name and Address of Firm (self)  |   |  |  |  |  |  |  |  |
| Name:  |   |  |  |  |  |  |  |  |
| Address:   |   |  |  |  |  |  |  |  |
| Name: Address:   |   |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |
| PART 4. OTHER SOURCES OF INCOME  List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include   | a gifte If none check the hov   |  |  |  |  |  |  |  |
|  | gird. If hone, oneon the box.   |  |  |  |  |  |  |  |
| LU None  | Kind of Income  |  |  |  |  |  |  |  |
| Name and Address of Source   | (investments, leases, etc.)   |  |  |  |  |  |  |  |
| Name: Maine Stute Retirement   | Pension/Teacher   |  |  |  |  |  |  |  |
| Address: Mugusta   |   |  |  |  |  |  |  |  |
| Name: 3 Unit Reptal Paoperty   | RENTS   |  |  |  |  |  |  |  |
| Address: 54 Broad St. Rockland Me  |   |  |  |  |  |  |  |  |
| PART 5. REPORTABLE LIABILITIES   |   |  |  |  |  |  |  |  |
| List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list loans from a relative. If none, check the box  | reporting period, and list the major  |  |  |  |  |  |  |  |
| None   |   |  |  |  |  |  |  |  |
| Name and Address of Creditor   | Principal Type of Economic<br>Activity of Creditor  |  |  |  |  |  |  |  |
| Name:  |   |  |  |  |  |  |  |  |
| Address:   |   |  |  |  |  |  |  |  |
| Name:  |   |  |  |  |  |  |  |  |
| Address:   | <u> </u>  |  |  |  |  |  |  |  |
| PART 6. REPORTABLE GIFTS   |   |  |  |  |  |  |  |  |
| List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more none, check the box.   | than \$300 from a single source. If   |  |  |  |  |  |  |  |
| None State of the Control of the Con | e e e e e e e e e e e e e e e e e e e   |  |  |  |  |  |  |  |
| Name of Source of Gift  Name of S  1.  | Source of Gift  |  |  |  |  |  |  |  |
| 2.   | Billion and the second of the |  |  |  |  |  |  |  |

| PART 7. REPORTA  | ABLE HONO  | RARIA  | A 200 C 1902 A 200 C 1903 C 19 |
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| List the source of any honoraria accepted for appearances or speec   | Y  |  | <u> </u>   |
| ☐ None   | in and the second control of the second of t | **************************************   |  |
| Name of Source of Honoraria  | The second secon | N  | fame of Source of Honoraria  |
| 1.   | 3.   |  |  |
| 2.   | 4.   |  |  |
| PART 8. REPRESENTATION   | BEFORE ST  | ATE /  | AGENCIES   |
| List each executive branch agency before which you represented of the box.   | : 4  | ٠. ٤   |  |
| None   | 2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2° 2   | The Part of the State Control of the |  |
| Name of Agency   |  | 10. W  | Name of Agency   |
| 1.   | 3.   |  |  |
| 2.   | 4.   | **************************************   | ni da ya chan ya na mana na mana na mana na mana na   |
| PART 9. BUSINESS W   | ITH STATE A  | GEÑ  | CIES E   |
| List each executive branch agency to which you or a member of you \$1,000 during the reporting period. If none, check the box.   | 3 2 3  | - Com-   | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1  |
| None   | College of the Colleg |  |  |
| Name of Agency   | The second secon | Entra Province   | Name of Agency   |
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| 2.   | 4  | <u>.</u>   | anne an earlie and partie and parties and an earlie and an earlie and an earlier  |
| PART 10. INCOME RECEIVED BY A  | MEMBERS O  | F ÍMM  | EDÎÂTE FAMÎLY  |
| List the type of economic activity representing each source of incor (ren) during the reporting period and the kind of income represented "D" for income received by dependents.   | me of \$1,000 d  | r more   | received by your spouse or dependent child   |
| Type of Economic Activity Representing Source of Income Receiv   | ved appro  | cle<br>priate<br>ter   | Kind of Income   |
| 1. Real Estate Sales (5)   | <u>(S)</u>   | D  | commissions  |
| 2.   | s  | D  | The state of the s |
| 3.   | S  | D  | A  |
| 4.   | S  | D  |  |
| SIGNA  | TURE   |  |  |
| A Legislator who willfully fails to file a required statement is sub (1 M.R.S.A. § 1017-A)   | bject to a fine  | of \$1   | 0 per business day until the report is filed.  |
| The intentional filing of a false statement is a Class E crime. If t willfully filed a false statement, it shall refer its findings of fact to the   | the Commissi<br>le Attorney Ge   | on con<br>neral  | ncludes that it appears that a Legislator has  |
| If the Commission determines that a Legislator has willfully failed to the Legislator shall be presumed to have a conflict of interest question in committee or in either branch of the Legislature, and (1 M.R.S.A. § 1019) | on every que   | stion a  | and shall be precluded from voting on any  |
| Edward J. Magurek  |  | 1/13/  | 108  |
|  |  | . ,  | Date   |

| NAME:  |  | Market II has an ann an Airm an Ai | M  |  | -          | ***************************************            | DATE:  | -  | ·        |                     | (III) - Marian                          | 8 <sub>2</sub> , 7. ,  |
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| Please provide information you   | any additional are providing.  | information  | below  | (and on  | additional | sheets if  | needed).   | Indicate   | the part | or section          | number                                  | for the  |
| Part/Section<br>Number   |  | See Anticommunity of the Control of  | graphy in many Sec.  | and the second s |            | ngaran na mananan an |  | and the second s | E.       |                     |   | Approximately and a second sec |
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